

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Tien-Jen Cheng, et al.	Dated: July 19, 2006
Serial Number: 10/604,578	Examiner: Nathan W. Ha
Filing date: July 31, 2003	Group Art Unit: 2814
Title: Encapsulated Pin Structure For Improved Reliability Of Wafer	IBM Corporation D/18G, B/321, Zip 482 2070 Route 52 Hopewell Junction, NY 12533-6531

AMENDMENT UNDER 37 C.F.R. § 1.111

Hon. Commissioner for Patents and Trademarks
P.O. Box 1450
Alexandria VA 22313-1450

Sir:

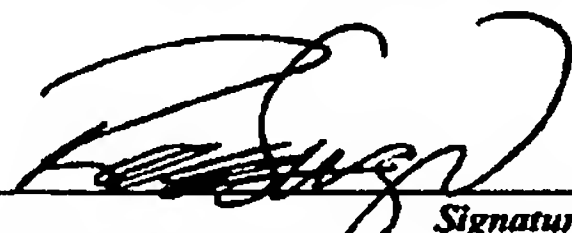
In response to the Office Action dated April 24, 2006, Applicant respectfully request reconsideration and allowance of the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of Claims beginning on page 3 of this paper.

Amendments to the Drawings begin on page 8 of this paper and include an attached replacement sheet and a marked-up copy.

Remarks begin on page 9 of this paper.

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. FIS920030103US1									
Applicant(s): Tien-Jen Cheng, et al.													
Application No. 10/604,578	Filing Date 07/31/2003	Examiner Nathan W. Ha	Customer No. 32,074	Group Art Unit 2814	Confirmation No. 1577								
Invention: ENCAPSULATED PIN STRUCTURE FOR IMPROVED RELIABILITY OF WAFER													
<u>COMMISSIONER FOR PATENTS:</u>													
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.													
CLAIMS AS AMENDED													
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE								
TOTAL CLAIMS	15 -	20 =	0	x \$50.00	\$0.00								
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00								
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00								
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00								
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0458 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.													
 _____ <i>Signature</i>			Dated: July 19, 2006										
R. B. Suazo, Esq. Registration No.: 56,753 Telephone No.: 845-892-9701 Fax No.: 845-892-6363			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</td> </tr> <tr> <td style="text-align: center;">(Date) EF5</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ <i>Signature of Person Mailing Correspondence</i></td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ <i>Typed or Printed Name of Person Mailing Correspondence</i></td> </tr> </table>			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on		(Date) EF5		_____ <i>Signature of Person Mailing Correspondence</i>		_____ <i>Typed or Printed Name of Person Mailing Correspondence</i>	
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CC:													